

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Friends of Mazie Hirono

ADDRESS (number and street)
▼

P.O. Box 677

☐Check if different
than previously
reported. (ACC)

Honolulu

HI

96809

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00420760

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

HI

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

23

2010

through

12

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carol Puette

Signature of Treasurer

Electronically Filed by Carol Puette

Date

01

28

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

Friends of Mazie Hirono

Report Covering the Period:

From:

M M
1 1D D
2 3Y Y Y Y
2 0 1 0

To:

M M
1 2D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	300.00	975.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	300.00	975.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	27960.86	47161.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27960.86	47161.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	216505.65	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	127099.25	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name
Friends of Mazie Hirono

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	3	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A).....	300.00	475.00
(ii) Unitemized.....	300.00	475.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	300.00	975.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	4.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	300.00	979.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27960.86	47161.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	27960.86	47161.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	244166.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	300.00
25. SUBTOTAL (add Line 23 and Line 24).....	244466.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27960.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	216505.65

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A. Full Name (Last, First, Middle Initial) Hawaiian Telcom	Transaction ID: D373280 Date of Disbursement
Mailing Address 1177 Bishop St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Honolulu State HI Zip Code 96813-2808	Amount of Each Disbursement this Period
Purpose of Disbursement Call Forwarding Services	<div> <div></div> <div>14.35</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Joshua Alexander Wisch	Transaction ID: D370281 Date of Disbursement
Mailing Address 712 Wanaao Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 1 0</div> </div>
City Kailua State HI Zip Code 96734	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div> <div></div> <div>2534.47</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hawaiian Telcom	Transaction ID: D373281 Date of Disbursement
Mailing Address 1177 Bishop St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Honolulu State HI Zip Code 96813-2808	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Services	<div> <div></div> <div>182.68</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2731.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A. Full Name (Last, First, Middle Initial) Mr. Joshua Alexander Wisch	Transaction ID: D373282 Date of Disbursement
Mailing Address 712 Wanaao Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Kailua State HI Zip Code 96734	Amount of Each Disbursement this Period
Purpose of Disbursement Mileage Reimbursement Candidate Name	<div> <div>68.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Endo & Company, LLC	Transaction ID: D373283 Date of Disbursement
Mailing Address 1357 Kapiolani Blvd Ste 1005	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Honolulu State HI Zip Code 96814-4537	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Services Candidate Name	<div> <div>1776.18</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) O & R Consulting	Transaction ID: D374093 Date of Disbursement
Mailing Address 3916 Washington Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 1 0</div> </div>
City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period
Purpose of Disbursement Consulting - Fundraising Candidate Name	<div> <div>3000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4844.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd
Ste 1005

City Honolulu State HI Zip Code 96814-4537

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D373284
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd
Ste 1005

City Honolulu State HI Zip Code 96814-4537

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D373285
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd
Ste 1005

City Honolulu State HI Zip Code 96814-4537

Purpose of Disbursement
Accounting services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D373735
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A. Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D373286 Date of Disbursement
Mailing Address 1225 Eye Street, NW, Ste 1225	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Email Services Candidate Name	<div> <div>150.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kieloch Consulting, Inc.	Transaction ID: D373736 Date of Disbursement
Mailing Address 228 Second Street SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Consulting - Fundraising Candidate Name	<div> <div>6838.71</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AT & T	Transaction ID: D368556 Date of Disbursement
Mailing Address P.O. Box 30178	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 1 0</div> </div>
City Los Angeles State CA Zip Code 90030	Amount of Each Disbursement this Period
Purpose of Disbursement Cell Phone Services Candidate Name	<div> <div>125.11</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7113.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A. Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D373287 Date of Disbursement
Mailing Address 1225 Eye Street, NW, Ste 1225	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Software and Support	<div> <div></div> <div>2850.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) First Hawaiian Bank	Transaction ID: D373637 Date of Disbursement
Mailing Address PO Box 1959	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 5 / 2 0 1 0</div> </div>
City Honolulu State HI Zip Code 96805-1959	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes - Federal	<div> <div></div> <div>2446.72</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hawaiian Telcom	Transaction ID: D373737 Date of Disbursement
Mailing Address 1177 Bishop St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 1 0</div> </div>
City Honolulu State HI Zip Code 96813-2808	Amount of Each Disbursement this Period
Purpose of Disbursement Call Forwarding charges	<div> <div></div> <div>14.35</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5311.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Friends of Mazie Hirono

A.

Full Name (Last, First, Middle Initial)
 Hawaii State Tax Collector

Mailing Address P.O. Box 3827

City Honolulu State HI Zip Code 96812-3827

Purpose of Disbursement
 Payroll Taxes - State

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D373638

Date of Disbursement

/ /

Amount of Each Disbursement this Period

555.00

B.

Full Name (Last, First, Middle Initial)
 Wong & Oshima

Mailing Address Davies Pacific Center, Ste 1600
 841 Bishop Street

City Honolulu State HI Zip Code 96813-3926

Purpose of Disbursement
 Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D373288

Date of Disbursement

/ /

Amount of Each Disbursement this Period

315.04

C.

Full Name (Last, First, Middle Initial)
 SunTrust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement
 Merchant Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D373738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

92.58

SUBTOTAL of Disbursements This Page (optional)

962.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A. Full Name (Last, First, Middle Initial) Bankcard Center Mailing Address PO Box 29450	Transaction ID: D376359 Date of Disbursement <div> <div>12</div> <div>21</div> <div>2010</div> </div>
City Honolulu State HI Zip Code 96820-1850 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>675.43</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Bankcard Center Mailing Address PO Box 29450 City Honolulu State HI Zip Code 96820-1850 Purpose of Disbursement Bank charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D376360 Date of Disbursement <div>12</div> <div>21</div> <div>2010</div> Amount of Each Disbursement this Period <div>43.20</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Lighthouse Camera - Honolulu Mailing Address 2885 S. King Street #202 City Honolulu State HI Zip Code 96826 Purpose of Disbursement Rental - Digital Camera Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D376364 Date of Disbursement <div>12</div> <div>21</div> <div>2010</div> Amount of Each Disbursement this Period <div>267.02</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

675.43

TOTAL This Period (last page this line number only)

27794.37

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

Transaction ID: L480

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mazie Hirono, PERS FUNDS - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address PO Box 677

City Honolulu State HI ZIP Code 96809-0677

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
1 9Y Y Y Y
2 0 0 6

Due on Demand

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

Transaction ID: L500

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mazie Hirono, PERS FUNDS - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address PO Box 677

City Honolulu State HI ZIP Code 96809-0677

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 3Y Y Y Y
2 0 0 7

On Demand

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)

10000.00

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 / 15

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

Transaction ID: L501

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mazie Hirono, PERS FUNDS - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address PO Box 677

City Honolulu State HI ZIP Code 96809-0677

Original Amount of Loan

100000.00

Cumulative Payment To Date

10000.00

Balance Outstanding at Close of This Period

90000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

Due on Demand

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

90000.00

TOTALS This Period (last page in this line only) ▶

125000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
EMILY's List Federal FundNature of Debt (Purpose):
Return of FundsMailing Address 1120 Connecticut Avenue NW
Ste 1100City State ZIP Code
Washington DC 20036

Outstanding Balance Beginning This Period

2099.25

Transaction ID: D307962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2099.25

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2099.25

2) **TOTALS** This Period (last page this line number only)..... ▶

2099.25

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

125000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

127099.25